

DEPARTMENT OF LABOR AND INDUSTRY

CHAPTER 222

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Sub-Chapter 1

Organizational Rule

24.222.101 BOARD ORGANIZATION (1) The board of speech-language pathologists and audiologists hereby adopts and incorporates the organizational rules of the department of labor and industry as listed in chapter 1 of this title. (History: 37-15-202, MCA; IMP, 2-4-201, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284.)

Sub-Chapter 2

Procedural Rules

24.222.201 PROCEDURAL RULES (1) The board of speech-language pathologists and audiologists hereby adopts and incorporates the procedural rules of the department of labor and industry as listed in chapter 2 of this title. (History: 37-15-202, MCA; IMP, 2-4-201, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284.)

24.222.202 PUBLIC PARTICIPATION RULES (1) The board of speech-language pathologists and audiologists hereby adopts and incorporates by this reference the public participation rules of the department of commerce as listed in chapter 2 of Title 8. (History: 37-15-202, MCA; IMP, 2-3-103, MCA; NEW, 1980 MAR p. 970, Eff. 3/14/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284.)

Subchapter 3

Definitions

24.222.301 DEFINITIONS (1) Audiology aides or assistants shall be classified in one of the following categories:

(a) "audiology aide or assistant" means a person meeting the minimum requirements established by the board who performs any of the activities defined under the "practice of audiology" definition of 37-15-102, MCA, under the supervision of a licensed audiologist; and

(b) "industrial audiology aide or assistant" means an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing tests in addition to other acts and services as provided in the statutes and rules.

(2) "Certificate of clinical competence" means a current certificate issued by the American Speech-Language-Hearing Association (ASHA).

(3) "Colleges, universities, and institutions approved by the board" means those colleges, universities, and institutions accredited by a nationally recognized accrediting agency approved by the board.

(4) "License" as used in these rules means a valid Montana full status license and does not include probationary or temporary licenses.

(5) Speech-language pathology aides or assistants shall be classified in one of the following categories:

(a) "aide or assistant I" means a person who holds an undergraduate degree in communication sciences and disorders, or its equivalent, and is currently enrolled in an accredited graduate program for the purpose of completing licensure requirements;

(b) "aide or assistant II" means a person who holds an undergraduate degree in communication sciences and disorders, or its equivalent, but is not currently enrolled in an accredited graduate program; and

(c) "aide or assistant III" means a person who holds no undergraduate degree in communication sciences and disorders or its equivalent.

(6) "Supervision" means on-site observation and guidance by the supervising licensed speech-language pathologist or audiologist while a clinical activity is performed by the speech-language pathology or audiology aide or assistant. On-site supervision performed by the licensee may include but is not limited to the following:

(a) observation of a portion of the screening or treatment procedures performed by the aide or assistant;

(b) coaching the aide or assistant; and

(c) modeling for the aide or assistant. (History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, 37-15-202, 37-15-301, 37-15-303, 37-15-313, MCA; NEW, Eff. 3/7/76; AMD, 1981 MAR p. 363, Eff. 4/17/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1983 MAR p. 274, Eff. 4/1/83; AMD, 1999 MAR p. 408, Eff. 3/12/99; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)



Subchapter 4

General Provisions

24.222.401 FEES (1) Fees are payable to the Board of Speech-Language Pathologists and Audiologists. The board assumes no responsibility for loss in transit of such remittances. All fees are nonrefundable.

(2) The board has established the following fees:

(a) Application fee for speech-language pathologist and/or audiologist	\$ 50
(b) Original license fee for speech-language pathologist and/or audiologist	50
(c) Renewal fee for speech-language pathologist and/or audiologist	100
(d) Placement or renewal of a license on inactive status for a speech-language pathologist and/or audiologist	50
(e) A combined application and temporary license fee for a speech-pathologist and/or audiologist	50
(f) Registration for speech-language pathologist aide or assistant and/or audiologist aide or assistant	30

(3) Additional standardized fees are specified in ARM 24.101.403.

(History: 37-1-134, 37-15-202, MCA; IMP, 37-1-134, 37-1-141, 37-15-307, MCA; NEW, 2002 MAR p. 3325, Eff. 11/28/02; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.402 FEE ABATEMENT (1) The Board of Speech-Language Pathologists and Audiologists adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301. (History: 37-1-131, 37-15-202, MCA; IMP, 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2006 MAR p. 2413, Eff. 10/6/06.)

Rule 24.222.403 reserved

24.222.404 BOARD STANDARDS AND POLICY (1) All submissions to the board, or requests of the board, shall be made in writing to said office. All communications with the board must be in written form as a matter of record before official consideration will be given to issues, requests or submissions, brought before the board. Correspondence from the board of any specific nature shall be signed by the chairman. Formal board correspondence of all board members shall be forwarded to the board office to be placed on file. (History: 37-15-202, MCA; IMP, 37-15-202, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284.)

Subchapter 5

Licensing and Scope of Practice

24.222.501 APPLICATIONS FOR LICENSE (1) An application for a license as a speech-language pathologist and/or audiologist shall be submitted to the board office in Helena on application forms provided by the department.

(2) Every application shall be typed or written in ink, signed and accompanied by the appropriate application fee and by such evidence, statements or documents as therein required.

(3) The applicant shall be notified, in writing, of the results of the evaluation of his application for license.

(4) Approved applications and all documents filed in support thereof shall be retained by the board with the provision that the board may permit such documents to be withdrawn upon substitution of a true copy.

(5) The board may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

(6) An applicant shall be deemed to have abandoned his application if he does not complete the application requirements for licensure within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application. (History: 37-1-131, 37-15-202, MCA; IMP, 37-1-101, 37-1-104, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1983 MAR p. 274, Eff. 4/1/83; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.502 QUALIFICATIONS FOR LICENSURE (1) To be eligible for licensing by the board as a speech-language pathologist, the applicant must:

(a) have completed a minimum of 75 semester hours of post-baccalaureate study that culminates in a minimum of a master's degree in speech language pathology or communication disorders. The graduate education in speech-language pathology must be initiated and completed in a program approved by the licensure board;

(b) demonstrate skills in oral and written communication, knowledge of ethical standards, research principles, and current professional and regulatory issues;

(c) have practicum experience that encompasses the breadth of the current scope of practice with both adults and children, resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 hours of clinical observation;

(d) have a 36-week speech-language pathology clinical experience that establishes a collaboration between the clinical fellow and a mentor; and

(e) pass a speech pathology examination as determined by the board.

(2) An applicant will be deemed to have met the requirements of (1)(a) through (e) by submitting proof of a current certificate of clinical competence.

(3) In order to be licensed by the board as an audiologist an applicant shall:

(a) possess a Doctor of Audiology degree (Au. D.) or a Ph. D in audiology, from an accredited program approved by the board; and

(b) pass an audiology examination as determined by the board.

(c) If the applicant is a holder of a valid Montana license prior to January 1, 2007, and maintains that license in good standing, the applicant will not be required to obtain a doctorate to maintain licensure to practice audiology in the future.

(History: 37-1-131, 37-15-202, MCA; IMP, 37-15-301, 37-15-303, MCA; NEW, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

#### 24.222.503 QUALIFICATIONS FOR ACTIVE TEMPORARY LICENSE

(1) The following licensure category shall be established pursuant to this act:

(a) active temporary license to practice as a speech-language pathologist and/or audiologist in Montana will be issued to qualified individuals engaged in clinical experience year activities (CEY-Montana, 37-15-303(1), MCA); or clinical fellowship year (CFY-ASHA) activities. An active temporary license shall be issued for two years and is nonrenewable except at the discretion of the board. (History: 37-15-202, MCA; IMP, 37-15-202, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1999 MAR p. 2249, Eff. 10/8/99; TRANS, from Commerce, 2004 MAR p. 2284.)

Rules 24.222.504 and 24.222.505 reserved

24.222.506 LICENSURE OF OUT-OF-STATE APPLICANTS (1) A license to practice speech-language pathology or audiology in the state of Montana may be issued at the discretion of the board provided the applicant completes and files with the board an application for licensure and the required application fee. The applicant shall:

(a) hold a valid and unrestricted license to practice speech-language pathology or audiology in another state or jurisdiction, upon determination by the board that the other state's or jurisdiction's license standards at the time of application to this state are substantially equivalent to or greater than current standards in this state. Official written verification of such licensure status must be received by the board directly from the other state(s) or jurisdiction(s);

(b) supply a copy of the certified transcript sent directly from a college, university, or institution approved by the board, including those programs accredited by the American Board of Examiners in Speech-Language Pathology and Audiology; and

(c) supply proof of successful completion of a currently accepted national examination.

(2) An applicant will be deemed to have met the requirements of (1)(b) and (c) by submitting proof of a current certificate of clinical competence.

(3) If an applicant for audiologist licensure is the holder of a valid and unrestricted license to practice audiology in another state, which was issued under standards equivalent to or greater than current standards in this state prior to January 1, 2007, the applicant will not be required to obtain a doctorate to qualify for licensure to practice audiology in the future in this state. (History: 37-1-131, 37-15-202, MCA; IMP, 37-1-304, MCA; NEW, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

24.222.507 TEMPORARY PRACTICE PERMITS (1) A speech-language pathologist or audiologist who holds a certificate of clinical competence or equivalent, or is licensed in another state and who has made application to the board for a license in this state may be granted a temporary permit and perform activities and services of a speech-language pathology or audiology nature pending disposition of the application. (History: 37-1-319, 37-15-202, MCA; IMP, 37-1-305, MCA; NEW, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

Rules 24.222.508 and 24.222.509 reserved

24.222.510 EXAMINATIONS (1) Applicants shall take and pass a board accepted national examination.

(2) The applicant shall ensure that the score on the national examination is forwarded to the board. Applicants shall be notified of the board's decision concerning the examination following receipt of the examination score by the board.

(3) Applicants shall also take and pass a jurisprudence examination as prescribed by the board, which measures the competence of the applicant regarding the statutes and rules governing the practice of speech-language pathology and audiology in Montana. The jurisprudence examination must be passed with a score of 95 percent or greater. Any applicant who fails the jurisprudence examination may retake the examination two subsequent times. After a third failure, the applicant shall petition the board for each future reexamination. (History: 37-1-131, 37-15-202, MCA; IMP, 37-1-131, 37-15-303, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1998 MAR p. 2165, Eff. 8/14/98; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.511 PASS/FAIL CRITERIA (REPEALED) (History: 37-15-202, MCA; IMP, 37-15-304, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284; REP, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.512 WAIVER OF EXAMINATION (REPEALED) (History: 37-15-202, MCA; IMP, 37-15-305, MCA; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2004 MAR p. 2284; REP, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.513 INACTIVE STATUS AND CONVERSION TO ACTIVE STATUS

(1) A licensee may place the license on inactive status by paying the appropriate fee and either:

- (a) indicating on the renewal form that inactive status is desired; or
- (b) informing the board office in writing.

(2) The inactive licensee shall:

- (a) renew annually; and
- (b) keep the board informed as to any change of address during the inactive status period.

(3) A licensee shall not practice speech-language pathology or audiology in Montana while on inactive status.

(4) Upon application and payment of the appropriate fee, the board may consider an application to convert an inactive status license to an active status license if the applicant:

(a) signifies to the board, in writing, that upon conversion to an active license, the applicant intends to actively practice in Montana;

(b) presents satisfactory evidence that the applicant has attended ten hours of continuing education which comply with the continuing education rules of the board for each year or portion of a year that applicant has been inactive;

(c) submits license verification from all jurisdictions where the applicant is licensed or has held a license during the inactive status period, documenting that the applicant is either:

(i) in good standing and has not had any disciplinary action taken against the applicant's license; or

(ii) if not in good standing, an explanation of the violation(s) resulting in that status, including the extent of the disciplinary action imposed; and

(d) presents satisfactory evidence the applicant has not been out of active practice for more than five years. (History: 37-1-131, 37-1-319, 37-15-202, MCA; IMP, 37-1-319, MCA; NEW, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.514 LICENSE RENEWAL (1) Each licensed speech-language pathologist or audiologist shall pay the board the fee for renewal of the license according to rules adopted by the department, subject to the provisions of 37-1-138, MCA.

(2) A suspended license is subject to lapse, expiration, and termination and may be renewed as provided in 37-1-141, MCA, but such renewal does not entitle the licensee, while the license remains suspended, to engage in the licensed activity or in any other activity or conduct that violates the order or judgment by which the license was suspended.

(3) A license revoked on disciplinary grounds is subject to lapse, expiration, and termination and may not be renewed. (History: 37-1-131, 37-15-202, MCA; IMP, 37-1-141, MCA; NEW, 2006 MAR p. 2413, Eff. 10/6/06.)

Rules 24.222.515 through 24.222.519 reserved



24.222.520 SPEECH-LANGUAGE PATHOLOGY SCOPE OF PRACTICE

- (1) The scope of practice of speech-language pathology includes but is not limited to:
- (a) screening, identification, assessment, treatment, intervention, and provision of follow-up services for disorders of:
    - (i) speech, including articulation, phonology, fluency, and voice;
    - (ii) language, including morphology, syntax, semantics, pragmatics, and disorders of receptive and expressive communication in oral, written, graphic, and manual modalities;
    - (iii) oral and pharyngeal functions, including disorders of swallowing and feeding;
    - (iv) cognitive aspects of communication; and
    - (v) social aspects of communication;
  - (b) determination of the need for augmentative communications systems and provision of training in the use of these systems;
  - (c) planning, directing, and conducting or supervising programs that render or offer to render a service in speech-language pathology;
  - (d) provision of nondiagnostic pure-tone testing, tympanometry, and acoustic reflex screening, limited to a pass/fail determination;
  - (e) aural rehabilitation, including services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairments;
  - (f) oral motor rehabilitation, including services and procedures for evaluating and facilitating face, lip, jaw, and tongue mobility and control;
  - (g) cognitive retraining, including services and procedures for evaluating and facilitating memory, attention, reasoning, processing, judgment, and other related areas in individuals with language impairment resulting from head injury, stroke, or other insult;
  - (h) dysphagia therapy, including services and procedures for evaluating and facilitating swallowing and feeding in those individuals with swallowing disorders;

(i) consultation to educators, parents, and related service providers as members of interdisciplinary teams about communication management and educational implications of speech/language disorders;

(j) education to the general public as a means of prevention;

(k) designing and conducting basic and applied speech-language pathology research, and the dissemination of research findings to other professionals and to the public, to:

(i) increase the knowledge base;

(ii) develop new methods and programs; and

(iii) determine the efficacy of assessment and treatment paradigms;

(l) education and administration in speech-language pathology (communication disorders) graduate and professional education programs; and

(m) administration and supervision of professional and technical personnel who provide support functions to the practice of speech-language pathology.

(History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, MCA; NEW, 2006 MAR p. 2413, Eff. 10/6/06.)

Rules 24.222.521 through 24.222.524 reserved

24.222.525 AUDIOLOGY SCOPE OF PRACTICE (1) The scope of practice of audiology includes but is not limited to:

- (a) identification, assessment, management, and interpretation of auditory/vestibular disorders;
- (b) otoscopic examination and external ear canal management for removal of cerumen in order to:
  - (i) evaluate auditory/vestibular disorders;
  - (ii) make ear impressions;
  - (iii) fit hearing protection or prosthetic devices; and
  - (iv) monitor the continuous use of hearing aids;
- (c) administration and interpretation of behavioral, electroacoustic, or electrophysiologic methods used to assess auditory/vestibular disorders;
- (d) evaluation and management of children and adults with auditory processing disorders;
- (e) supervising and conducting newborn screening programs;
- (f) measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring;
- (g) provision of hearing care by selecting, evaluating, fitting, facilitating, adjustment to, and dispensing prosthetic devices for hearing loss, including:
  - (i) hearing aids;
  - (ii) sensory aids;
  - (iii) hearing assistive devices;
  - (iv) alerting and telecommunication systems; and
  - (v) captioning devices;
- (h) assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, and audiological rehabilitation to optimize device use;
  - (i) provision of audiological rehabilitation including:
    - (i) speech reading;
    - (ii) communication management;
    - (iii) language development;
    - (iv) auditory skill development; and
    - (v) counseling for psychosocial adjustment to hearing loss for persons with hearing loss, their families, and care givers;
  - (j) consultation to educators as members of interdisciplinary teams about communication management, educational implications, classroom acoustics, and large-area amplification systems for children with hearing loss;

- (k) prevention of hearing loss and conservation of hearing function by designing, implementation, and coordinating occupational, school, and community hearing conservation and identification programs;
- (l) consultation and provision of rehabilitation of persons with balance disorders using habituation, exercise therapy, and balance retraining;
- (m) designing and conducting basic and applied audiologic research, and disseminating research findings to other professionals and to the public, to:
  - (i) increase the knowledge base;
  - (ii) develop new methods and programs; and
  - (iii) determine the efficacy of assessment and treatment paradigms;
- (n) education and administration in audiology graduate and professional education programs;
- (o) measurement of functional outcomes, consumer satisfaction, effectiveness, efficiency, and cost-benefit of practices and programs to maintain and improve the quality of audiological services;
- (p) administration and supervision of professional and technical personnel who provide support functions to the practice of audiology;
- (q) screening of speech-language, use of sign language, and other factors affecting communication function for the purposes of an audiological evaluation or initial identification of individuals at risk for other communication disorders;
- (r) consultation about accessibility for persons with hearing loss in public and private buildings, programs, and services;
- (s) assessment and nonmedical management of tinnitus using:
  - (i) biofeedback;
  - (ii) masking;
  - (iii) habituation;
  - (iv) hearing aids;
  - (v) education; and
  - (vi) counseling;
- (t) consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of auditory/vestibular disorders, and relevant noise related considerations;
- (u) case management and service as a liaison for consumers, families, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming; and
- (v) consultation to industry on the development of products and instrumentation related to the management of auditory/vestibular function. (History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, MCA; NEW, 2006 MAR p. 2413, Eff. 10/6/06.)

Subchapter 6 reserved

Subchapter 7

Speech Pathology and Audiology Aides

24.222.701 SUPERVISOR RESPONSIBILITY (1) All persons working in the capacity of a speech-language or audiology aide or assistant must be working directly under the supervision of a fully licensed speech-language pathologist or audiologist. This supervisor assumes full legal and ethical responsibility for the tasks performed by the aide or assistant and for any services or related interactions with a client.

(2) When aides or assistants are providing direct services under a licensed supervisor to individuals under 18 years of age, the supervisor is responsible for so informing, in writing, the parent, guardian, surrogate parent, or person acting as a parent of a child in the absence of a parent or guardian.

(3) The speech-language pathology or audiology supervisor and/or appropriate administrative agency is responsible for ensuring that the speech-language pathology or audiology aide or assistant is adequately trained for the tasks the aide or assistant will perform. The amount and type of training required must be based on the following:

- (a) the skills and experience of the speech-language pathology or audiology aide or assistant;
- (b) the needs of the patients/clients served;
- (c) the service setting;
- (d) the tasks assigned; and
- (e) any other factors as determined by the supervising speech-language pathologist or audiologist. (History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, 37-15-313, MCA; NEW, 1981 MAR p. 363, Eff. 4/17/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1983 MAR p. 274, Eff. 4/1/83; AMD, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1999 MAR p. 408, Eff. 3/12/99; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

24.222.702 SCHEDULE OF SUPERVISION - CONTENTS (1) For monitoring purposes, the supervisor must complete an aide registration form supplied by the board. This must include an acceptable schedule of supervision.

(2) Speech-language pathology aides or assistants shall be supervised in accordance with their level of aide classification under the following schedule:

(a) aide or assistant I shall be supervised on-site a minimum of 10 percent of total client contact time. At the discretion of the supervising speech-language pathologist, the on-site supervision requirement may be reduced to 2 percent after the first year of supervision.

(i) If diagnostic evaluations are being performed, the aide or assistant I shall be supervised on-site a minimum of 30 percent of the total diagnostic process.

(b) aide or assistant II shall be supervised on-site 10 percent of client contact time; and

(c) aide or assistant III shall be supervised on-site 20 percent of client contact time.

(3) Audiology aides or assistants shall be supervised in accordance with the following schedule:

(a) audiology aides or assistants shall be supervised under a proposed plan to be submitted by the supervisor with the aide application, but which shall include a minimum of 10 percent of client contact time; and

(b) industrial audiology aides or assistants shall be supervised under (3)(a), but may be authorized to conduct pure tone air conduction threshold audiograms when performing outside the physical presence of a supervisor.

(4) The schedule of supervision must be signed by the proposed supervisor and by a responsible representative of the employing agency. The schedule must be reviewed and approved by the board annually by October 31. Aides employed after October 31 shall work no more than 30 calendar days without registering with the board.

(5) Each supervisor must also submit a supervisor summary form, as prescribed by the board, which lists the following:

(a) each speech or audiology aide or assistant;

(b) number of hours of supervision; and

(c) other information as required by the board.

(d) The board will review all supervisor summary forms indicating the supervision of three or more speech or audiology aides or assistants.

(6) The supervisor must complete and submit to the board a midyear verification form by February 25 of each year, on the supervisor's renewal form, to indicate continuing compliance with the schedule of supervision previously filed under (1). (History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, 37-15-313, MCA; NEW, 1981 MAR p. 363, Eff. 4/17/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1994 MAR p. 1992, Eff. 7/22/94; AMD, 1998 MAR p. 2165, Eff. 8/14/98; AMD, 1999 MAR p. 408, Eff. 3/12/99; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

24.222.703 FUNCTIONS OF AIDES OR ASSISTANTS (1) The supervisor is obligated to ensure that the aide assist only in the provision of those services which are within the abilities of the aide as determined by the training and experience of that aide or assistant. The supervisor is directly responsible for all decisions affecting the client in all phases of diagnosis, treatment, and disposition. It is recognized that administrative responsibilities for an aide or assistant may be with other than the professional supervisor and those responsibilities are not included in this regulation.

(2) All speech-language pathology aides or assistants shall be under the appropriate supervision for their category of aide. Each aide or assistant shall comply with the following function guidelines for the appropriate aide category:

(a) aide or assistant I may:

- (i) perform tasks identified by the speech-language pathology supervisor according to the therapy plan, which do not violate any provision of Title 37, chapter 15, MCA, or these rules;
- (ii) conduct speech-language evaluations, and write evaluation reports which have been properly signed off by the supervisor;
- (iii) conduct screening activities;
- (iv) interpret data or clinical experience into diagnostic statements of clinical management policies with supervisor review;
- (v) transmit clinical information to appropriate persons with supervisor approval;
- (vi) write or plan individual or group therapy/rehabilitation plans which have been properly signed off by the supervisor;
- (vii) attend and allow to function as part of the child study and individual education planning (IEP) meetings.

(b) aide or assistant II may:

- (i) perform tasks identified by the speech-language pathology supervisor according to the therapy plan, which do not violate any provision of Title 37, chapter 15, MCA, or these rules;
- (ii) conduct speech-language evaluations under the supervision of the supervisor, and write evaluation reports which have been properly signed off by the supervisor;
- (iii) conduct screening activities as permitted by the supervisor;
- (iv) interpret data or clinical experience into diagnostic statements of clinical management policies with the supervisor present, or available, for the purpose of immediate communication and consultation;
- (v) write or plan individual or group therapy/rehabilitation plans with supervisor review and sign off;
- (vi) attend child study and IEP meetings concerning reports and cases prepared by the aide.

(c) aide or assistant III may:

- (i) perform tasks identified by the speech-language pathology supervisor according to the therapy plan, which do not violate any provision of Title 37, chapter 15, MCA, or these rules;
- (ii) only conduct screening activities expressly permitted by the supervisor.

(3) Speech-language pathology aides or assistants shall comply with the following guidelines on functions which are not allowed for the appropriate aide category:

- (a) aide or assistant I may not refer clients to outside professionals;
- (b) aide or assistant II may not:
  - (i) transmit clinical information to anyone other than the professional directly supervising the aide or assistant;
  - (ii) refer clients to outside professionals.
- (c) aide or assistant III may not:
  - (i) conduct speech-language evaluations;
  - (ii) interpret data or clinical experience into diagnostic statements of clinical management policies;
  - (iii) transmit clinical information except to the professional directly supervising the aide or assistant;
  - (iv) determine the selection of cases;
  - (v) write or plan individual or group therapy/rehabilitation plans;
  - (vi) attend child study or IEP meetings except with the permission of the supervisor;
  - (vii) refer clients to outside professionals.

(4) Speech-language pathologist aides or assistants I may perform diagnostic evaluations, under supervision, only if all of the following conditions have been met:

- (a) completion of 100 graduate level clinical clock hours, of which at least 25 hours were diagnostic;
- (b) completion of ten semester hours of graduate credits in the professional area;
- (c) completion of the master's program within five years of commencement; and
- (d) annual submission of a written request for waiver to perform diagnostic evaluations to the board for approval prior to performing any diagnostic evaluations.

(5) Audiology aides or assistants and industrial audiology aides or assistants shall comply with the supervision plan and functions submitted by the supervisor at the time of application, and with all other statutory or rule requirements. (History: 37-1-131, 37-15-202, MCA; IMP, 37-15-102, 37-15-313, MCA; NEW, 1981 MAR p. 363, Eff. 4/17/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1989 MAR p. 1566, Eff. 10/13/89; AMD, 1993 MAR p. 2913, Eff. 12/10/93; AMD, 1996 MAR p. 2976, Eff. 11/8/96; AMD, 1999 MAR p. 408, Eff. 3/12/99; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

24.222.704 UNLICENSED INDIVIDUALS (REPEALED) (History: 37-15-202, MCA; IMP, 37-15-313, MCA; NEW, 1999 MAR p. 2249, Eff. 10/8/99; TRANS, from Commerce, 2004 MAR p. 2284; REP, 2006 MAR p. 2413, Eff. 10/6/06.)

Subchapters 8 through 20 reserved



Subchapter 21

Continuing Education

24.222.2101 POLICY (1) The board expects all licensees to undertake continuing educational activities which are recognized by the board as being of value in furthering professional competence. (History: 37-1-131, 37-1-319, 37-15-202, MCA; IMP, 37-1-131, 37-1-306, MCA; NEW, 1982 MAR p. 378, Eff. 2/26/82; AMD, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

24.222.2102 CONTINUING EDUCATION REQUIREMENTS (1) Each licensee shall affirm completion of the required continuing education before February 1 of each odd-numbered year, on the renewal form. The board will randomly audit 10 percent of the renewed licensees' continuing education submitted each odd-numbered year. Certificates of completion for continuing education credits reported must be submitted upon request of the board.

(2) Continuing education units are required as follows:

(a) Speech-language pathology or audiology - 40 continuing education units (CEU).

(b) Dual licensure - 50 continuing education units, 25 in each area.

(c) New licensees' continuing education units will be prorated at 1.66 hours per month licensed.

(3) Credit will be granted only for educational activities undertaken during the two-year period for which continuing education is to be submitted.

(4) Licensees who serve as instructors in approved programs or academic courses may be allowed appropriate credit for one-time presentation. No credit will be allowed for repeat sessions.

(5) A licensee may apply for an exemption from the continuing education requirements by filing a statement with the board setting forth good faith reasons why the licensee is unable to comply with these rules and an exemption may be granted by the board. Each exemption application will be considered on a case-by-case basis.

(6) Speech-language pathology aides or assistants I shall complete 20 units of approved continuing education annually and submit verification of the continuing education to the board by affirmation of the licensed supervisor on the supervisor's renewal form by February 1 annually. Fourteen continuing education units may include on-the-job training as part of the supervision plan, and college coursework obtained through an accredited college or university.

(7) Speech-language pathology aides or assistants II and III shall submit verification of ten continuing education hours by affirmation of the licensed supervisor on the supervisor's renewal form by February 1 annually.

(8) Audiology aides and audiology industrial aides or assistants shall complete ten units of approved continuing education annually and submit verification of the continuing education to the board by affirmation of the licensed supervisor on the supervisor's renewal form by February 1 annually.

(9) Approved continuing education must include content that is relevant to the scope of practice of speech-language pathologists and audiologists as defined in ARM 24.222.520 and 24.222.525.

(10) Continuing education activities sponsored by the following organizations, which are germane to the profession of speech-language pathologists and audiologists, are approved by the board:

- (a) American Speech-Language Hearing Association (ASHA);
- (b) Montana Speech and Hearing Association (MSHA);
- (c) American Academy of Audiologists (AAA);
- (d) Academy of Dispensing Audiologists (ADA); and
- (e) Montana Audiology Guild (MAG).

(11) Acceptable activities shall include but are not limited to:

- (a) seminars;
- (b) workshops;
- (c) conferences;
- (d) in-service programs;
- (e) video or online course work; and
- (f) correspondence courses accompanied by a study guide, syllabus,

bibliography, and/or examination.

(12) The board shall consider continuing education activities as obtained via apprenticeship or plan of action on a case-by-case basis.

(13) All continuing education must be documented with evidence from the instructor or sponsoring organization.

(14) The board, at its discretion, reserves the right to deny credit for continuing education units that do not receive prior approval from the board.

(History: 37-1-131, 37-1-319, 37-15-202, MCA; IMP, 37-1-131, 37-1-306, 37-15-102, MCA; NEW, 1982 MAR p. 378, Eff. 2/26/82; AMD, 1983 MAR p. 274, Eff. 4/1/83; AMD, 1985 MAR p. 1611, Eff. 11/1/85; AMD, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1996 MAR p. 2976, Eff. 11/8/96; AMD, 1998 MAR p. 2165, Eff. 8/13/98; AMD, 1999 MAR p. 408, Eff. 3/12/99; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2006 MAR p. 2413, Eff. 10/6/06; AMD, 2008 MAR p. 385, Eff. 2/29/08.)

24.222.2103 CONTINUING EDUCATION DEFINITIONS (1) Unless the context requires otherwise, in this subchapter the following definitions apply:

(a) "Academic course work" means formal educational activity clearly related to the contemporary practice of speech-language pathology or audiology offered by a recognized post-secondary training institution documented by transcript or grade sheet.

(b) "Approved continuing education" means any continuing education activity approved by the board or sponsored by an organization, agency, or other entity which has been approved by the board.

(c) "Continuing education unit" means one hour of active learning experience or equivalent as determined by the board.

(i) One quarter credit hour of academic course work shall be considered ten continuing education units and one semester credit hour of academic course work shall be considered 15 continuing education units.

(d) "Licensee" means a person possessing a valid license issued by the board.

(i) For purposes of this definition, a suspended or inactive license shall be considered valid. (History: 37-1-131, 37-1-319, 37-15-202, MCA; IMP, 37-1-131, 37-1-306, MCA; NEW, 1982 MAR p. 378, Eff. 2/26/82; AMD, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

Rules 24.222.2104 through 24.222.2114 reserved

24.222.2115 RENEWALS (1) Renewal notices will be sent as specified in ARM 24.101.414.

(2) Speech pathologist and audiologist licenses must be renewed on or before the date set by ARM 24.101.413.

(3) The provisions of ARM 24.101.408 apply. (History: 37-1-141, 37-15-202, MCA; IMP, 37-1-141, MCA; NEW, 2006 MAR p. 1583, Eff. 7/1/06.)

Subchapter 22 reserved

Subchapter 23

Unprofessional Conduct

24.222.2301 UNPROFESSIONAL CONDUCT (1) The board defines "unprofessional conduct" as follows:

- (a) practicing beyond the scope of practice encompassed by the license;
- (b) practicing beyond the level of practice for which the licensee is trained;
- (c) accepting and performing occupational responsibilities which the licensee knows or has reason to know that the licensee is not competent to perform;
- (d) failing to refer patient or client to qualified professional when such advice or service is called for;
- (e) violating statutory child abuse and elderly abuse reporting requirements;
- (f) guaranteeing the results of any speech or hearing therapeutic procedure;
- (g) failing to adequately supervise auxiliary staff to the extent that the client's health or safety is at risk;
- (h) failing to report the unsafe practice of speech-language pathology or audiology to the board, or to the appropriate facility; or
- (i) failing to report unlicensed practice of speech-language pathology or audiology to the board, or to the appropriate facility. (History: 37-1-131, 37-1-319, 37-15-202, MCA; IMP, 37-1-316, MCA; NEW, 1989 MAR p. 2194, Eff. 12/22/89; AMD, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284; AMD, 2006 MAR p. 2413, Eff. 10/6/06.)

Subchapter 24

Complaint Procedures

24.222.2401 COMPLAINT PROCEDURE (1) A person, government or private entity may submit a written complaint to the board charging a licensee or license applicant with a violation of board statute or rules, and specifying the grounds for the complaint.

(2) Complaints must be in writing, and shall be filed on the proper complaint form prescribed by the board.

(3) Upon receipt of the written complaint form, the board office shall log in the complaint and assign it a complaint number. The complaint shall then be sent to the licensee complained about for a written response. Upon receipt of the licensee's written response, both complaint and response shall be considered by the screening panel of the board for appropriate action including dismissal, investigation or a finding of reasonable cause of violation of a statute or rule. The board office shall notify both complainant and licensee of the determination made by the screening panel.

(4) If a reasonable cause violation determination is made by the screening panel, the Montana Administrative Procedure Act shall be followed for all disciplinary proceedings undertaken.

(5) The screening panel shall review anonymous complaints to determine whether appropriate investigative or disciplinary action may be pursued, or whether the matter may be dismissed for lack of sufficient information. (History: 37-15-202, MCA; IMP, 37-1-308, 37-1-309, MCA; NEW, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284.)

24.222.2402 SCREENING PANEL (1) The board screening panel shall consist of one speech-language pathologist board member who has served longest on the board; one audiologist board member who has served longest on the board; and one public member of the board. The chairman may reappoint screening panel members, or replace screening panel members as necessary at the chairman's discretion. (History: 37-15-202, MCA; IMP, 37-1-307, MCA; NEW, 1996 MAR p. 2976, Eff. 11/8/96; TRANS, from Commerce, 2004 MAR p. 2284.)